



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR  
SERVICES  
WIC AND NUTRITION SERVICES  
Participant's Rights and Responsibilities – ENGLISH**

Date ID Folder Given	Date Food List Given
<p>I received the WIC Participant Identification Folder and the WIC Approved Food List on the dates listed above. I was advised on the specific requirements listed in both items.</p> <p>I certify the information and documentation I provided for my household is true to the best of my knowledge. If all documentation is not available at certification, I agree to furnish it within 30 days to remain on the program and receive benefits.</p> <p>I have been advised of my rights and responsibilities under the WIC program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification is being made in connection with the receipt of federal funds. Program officials may verify information on this form.</p> <p>I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the state agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under the state and federal law.</p>	
Participant/Caregiver Signature (Signature is not required when captured in MOWINS)	Date
<p>In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to: U.S. Department of Agriculture Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.</p>	